

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|---------------|--------|---------|
| FEE DETERMINATION | XX | 6986V | 1/10 |
| O.I.P.E. CLASSIFIER | | 12 | 1/24 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | CH | 69916 | 2/11/00 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

app

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | | |
| 2 | ✓ | | |
| 3 | ✓ | | |
| 4 | ✓ | | |
| 5 | ✓ | | |
| 6 | ✓ | | |
| 7 | ✓ | | |
| 8 | ✓ | | |
| 9 | ✓ | | |
| 10 | ✓ | | |
| 11 | ✓ | | |
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meth

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51 | ✓ | | |
| 52 | ✓ | | |
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comp medium

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101 | ✓ | | |
| 102 | ✓ | | |
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| 146 | ✓ | | |
| 147 | ✓ | | |
| 148 | ✓ | | |
| 149 | ✓ | | |
| 150 | ✓ | | |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)